



# Medical Information and Consent to Treatment of Minors

Facility \_\_\_\_\_

Program/Activity \_\_\_\_\_

Program Dates \_\_\_\_\_

TO BE COMPLETED FOR ALL PARTICIPATING PERSONS:

## Participant Information

Last Name, First Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_

## Swim Level

Non-Swimmer  Beginner  Advanced Beginner

## Medical & Physical Information

Please check if participant is subject to the following and explain:

Does camper have allergies?  Yes  No

Does camper take medicines at home?  Yes  No

Does camper have seizures?  Yes  No

Will camper take medicine at Camp?  Yes  No

If Yes, submit Medical Authorization Form.

ADD/ADHD

BLINDNESS

DIABETES

SPECIAL DIET

ASTHMA

DEAFNESS

HEART TROUBLE

SWIMMER'S EAR

AUTISM/ASPERGERS

DEPRESSION

SEIZURES

OTHER \_\_\_\_\_

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Is your child current on all school-required immunizations?  Yes  No Date of last tetanus inoculation: \_\_\_\_\_

Please list any medical history or physical restrictions that could affect participation in camp activities: Describe any past medical conditions, which might require special attention (if none please indicate).

\_\_\_\_\_  
\_\_\_\_\_

Please identify any special adaptations or accommodations necessary to assist the camper with participation in camp programs:

\_\_\_\_\_  
\_\_\_\_\_

Describe any behaviors that may be disruptive to group learning:

\_\_\_\_\_

## Medical Release

I hereby give consent for my child to participate in all camp activities and receive routine and/or emergency medical care. In the event of a medical emergency, I understand every effort will be made to contact me. If I cannot be reached, I give my permission to the physician selected by Tualatin Hills Park & Recreation District to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Risk & Contract Management